**Key Findings from the Systematic Review**

**Summary of Evidence for Effectiveness for Major Injury Cause Areas**

**Poisoning**

• The strongest evidence on poisoning prevention rests with child resistant closures (CRCs).

• There appears to be some promise in changing the palatability of a product, increasing the use of medical treatment for cases requiring treatment and decreasing use of medical resources for cases not requiring treatment.

• Education strategies may be more effective if targeting a select audience. Otherwise, in the absence of other strategies, little evidence exists for the effectiveness of educational campaigns.

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**Falls**

• Few studies have examined the effectiveness of strategies to reduce falls in children. The emphasis has mainly been on older children and injuries in playgrounds. This prevents conclusions being made regarding successful strategies, particularly in the Australian setting. A better understanding of how young children fall, and what causes the injuries, is needed in order to target interventions effectively.

• The potential for regulatory approaches in settings where enforcement strategies are feasible has not been systematically assessed; there needs to be further research in the prevention of injuries caused by falls.

**Respiratory**

• There is minimal evidence of what works in preventing respiratory injuries (for example choking and suffocation) in young children. One study with strong findings suggests the value of a campaign, or mix of community-wide strategies, encompassing media and individual educational strategies, warning labels on products and complementary policies in child care centres.

• Safe feeding and sleeping practices appear to have potential.

**Immersion**

• The introduction of pool fencing significantly decreases the incidence of immersion injuries in children.

• More work is required to improve compliance rates both from a government and a parental perspective. This would include, for example, investigating leaving pool gates open and fences in disrepair, for the full effectiveness of this strategy to be realised.

• Swimming and water safety programs offer promise for increasing swimming ability and safe behaviour around water but evidence of links to reducing immersion injury by these approaches has not yet been provided, particularly for the age group at greatest risk, that is 1–3 year olds.

• Awareness-raising education programs or campaigns may work, if appropriate for the age group at risk, but no significant impact has been found. Examples from Brisbane suggest that educational and media campaigns underpin the success of other approaches.

**Burns and Scalds**

• Legislation requiring flame resistant material and sleepwear design has proven to be successful in decreasing the incidence of burn injury. Few studies on the effectiveness of smoke alarms have isolated children as a target group.

• Changes in legislation are effective in achieving lower hot tap water temperatures and decreasing injuries from scalds. Resource-intensive, large-scale campaigns that encompass a combination of strategies (education, product modification and regulations concerning hot water temperatures) are associated with significant reductions in scald injuries among young children, particularly the more severe injuries. Cost-benefit ratios of this approach are still needed, although preliminary estimates suggest that such campaigns at least may return many times their cost in health care savings.

• Educational efforts, on their own, have not been linked to significant changes in burn injuries. There are greater signs of outcome effect if such campaigns are combined with product promotion (such as anti-scald devices) either by way of assistance in purchasing or installation.

(Victorian Government Department of Human Services, 2001)

# Bibliography

Victorian Government Department of Human Services. (2001, September). *Resources for planning No. 4 - Child injury prevention.* Retrieved May 30, 2012, from Victorian Government Health Information: http://www.health.vic.gov.au/healthpromotion/downloads/child\_injury.pdf